

25<sup>th</sup> July 2011

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
Australia

**Re: Government proposal to cut the 'Better Access to Mental Health Initiative' to 10 sessions and review of the two-tiered funding approach for Clinical Psychologists.**

Dear Senator,

As a Clinical Psychologist working with individuals with mental health difficulties in both the private and public sector, I am writing to express my objection about the Government's proposed changes to the *Better Access to Mental Health Care Initiative* ('*Better Access Initiative*') as announced in the 2011 Federal Budget. Specifically, I am outraged by the proposal that from 1 November, 2011, the yearly maximum allowance of sessions of psychological treatment available to people with a recognised mental health disorder will be reduced from 18 to **10** sessions.

I am deeply concerned as to how much those treatment gains will be adversely impacted if the funding for the '*Better Access Initiative*' is effectively halved (18 sessions to 10 sessions per annum) as it implies that the same treatment outcomes can be achieved with half the amount of sessions. The proposed cuts to the '*Better Access Initiative*' reflects the Federal Government's lack of understanding of the specific and varied needs of Australians with mental health disorders. It is unrealistic to expect individuals in a vulnerable psychological state to immediately establish a rapport with a mental health professional even within the current 12-18 sessions – let alone achieve treatment gains within 10 sessions. In my experience clients require at least 12 sessions in which they can be properly assessed, collaboratively develop a treatment plan, undertake treatment and review, consolidate gains and plan for relapse. Reducing available sessions will result in less comprehensive assessments being undertaken by clinicians, consumers not being properly supported through the treatment process, and perhaps receiving an 'inadequate' service where they do not make expected gains that may prevent them from seeking services in the future and potentially exacerbate their difficulties with self-efficacy and reduce hope.

In addition, I deeply object to the suggestion that Clinical Psychologists with a minimum of 8 years training are equivalent to Generalist Psychologist who require only four years of training and should thus be rebated equally by Medicare. Regarding my specialisation, I wish to state that Clinical Psychology requires a minimum of eight years' training and is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based and scientifically-informed psychopathology, assessment, diagnosis, case formulation, psychotherapy, psychopharmacology, clinical evaluation and research across the full range of severity and complexity. We are well represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions. We should be doing all that we can to support and encourage professionals to undertake further specialist training to improve their skills when we are talking about the growing epidemic of mental health issues in the greater population.

Having practiced in the community as both a generalist psychologist and a clinical psychologist, I can say with utmost certainty, that the advances in my clinical work and the complex understanding of psychological issues that I have gained from completing a Doctorate in Clinical Psychology are enormous. In the four years of undergraduate training I undertook in order to become an intern psychologist, I had not seen a single client, let alone implement an empirically-validated treatment plan that would improve the well-being of such a client. After completing my undergraduate I worked fulltime in the child and adolescent mental health team in a rural community where in order to meet standards to be recognised as a generalist psychologist, I was required to partake in supervision with one clinical psychologist for a period of two years on a fortnightly basis. As fabulous as this supervisor was, such a limited exposure to clinical ideas and approaches to working in this complex and highly demanding field of work was utterly inadequate. It was for this reason that I chose to return to university and commence a Clinical Doctorate in Psychology.

In the four years of completing my Clinical Doctorate I partook in hundreds of hours of supervision with at least eight different clinical psychologists, undertook hundreds of hours of clinical work that was taped and scrutinised with my supervisors and attended specialist workshops delivered by leaders in the field of psychology. The research on what makes therapists effective highlights 'reflective practice' skills and this was not something I learnt until my post graduate training. The decision to undertake this further training was at considerable cost to myself and my young family. However I did not feel adequately trained to address the complex issue of mental illness. Today I am left with a fifty thousand dollar HECS debt in a time when raising a young family is very difficult given the increasing costs of living. I have recently commenced private practice in a small rural town where access to specialised psychologists is extremely rare (I am the only one) and desperately needed. At present I bulk bill the majority of my clients given they often do not have the resources to pay for sessions, and a decision to reduce the Medicare Rebate from the current clinical rate of \$119.80 to the generalist rebate, would mean I would not be able to continue to offer this service to the large number of clients who are referred to me.

Senator / Minister, I urge you to reject these proposals immediately and instead maintain the current amount of treatment sessions available with a Clinical Psychologist under the *Better Access to Mental Health Care Initiative* to be 12, with an additional 6 sessions for 'exceptional circumstances'. And furthermore, I strongly urge you to continue to recognise the advanced skills and knowledge that Clinical Psychologists offer in the treatment of mental illness within the community.

I trust that my feedback will be given due consideration.

Yours sincerely,

Clinical Psychologist